PTOSSIOS (68-03)
Accorded for use through 7/31/2005, OMB 0651-0032
U.S. Patient and Tradequark Office; U.S. DEPARTMENT OF COMMERCEto 6 coloridas of information unitssi 8 displays 8 valid OMB control number.

PATENT APPLICATION FEE DETERMINATION RECORD									Application or Docket Muraber 09/ 580 365		
's As Amended											
CLAIMS AS FILED PARTY (Column 2)							SMALL ENTITY		OR.	OTHER THAN SMALL ENTITY	
	FOR	16,045	HAMBER FILED		MUMBER EXTRA		RATE	FEE		RATE	FEE
BASIC FEE (17 CFR 1.15(A))									OR.		
TOTAL CLABAS (DF CFR 1.16(d) 36			atra 56		0		x1•		OR.	× 3 =	
940	EPENDENT CLAU CFR (.16(b))		orbus 2	7	2	١	x s		ОЯ	x 8 .	
MOLITIPLE DEPENDENT CLAIM PRESENT (NY CFR 1.16(4))							•1		OR	+1	
" If the difference in column 1 is less than zero, enter "V" in column 2.							TOTAL		OR	TOTAL	
CLAINS AS AMENDED - PART II											
9-14-05 (Column 1) (Column 2) (Column 3)						_	SMALL	ENTITY	<b>C</b> R	OTHE	R THAN ENTITY
ENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST HUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RÁTE	ADOI- TIONAL FEE	٠	RATE	ADDI- TIONAL FEE
ME	Total promises	136	Minus	36	• /		xs=		OR.	x s	
ENDM	trainpendent (37 GFR 1.1600)	. 7	Minus	7	-/		xs		OR	xs	
M	FIRST PRESENTATION OF MILETPLE DEPENDENT CLAM (17 CFR LINKS)						+1		OR.	+1 -	
							TOTAL		OR	TOTAL	
into							ADD'L FEE		, un	ADD'L FEE	
ENDMENT 8	103	(COLUMN 1)  CLAHAS  REMAINING  APTER  AMENDMENT		(Column 2) HIGHEST HUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total arose (, card)	.36	Minus	36	. 0		x \$ =		OR	x 8e	
	tridependerit gr gFR 1,180g	7	Menus	- 7	. 0		x.s=		ÓR	x 8=	
₹	PUIST PRESENTATION OF MULTIPLE DEPENDENT CLARM (27 CFR 1,16(0))						+1=		<b>O</b> R	+s=	
						•	TOTAL ADD'L FEE		OR	TOTAL ADOL FEE	
(Column 1) (Column 2) (Column 3)									,		
ENTC		CLAIMS REMAINING AFTER AMENDMENT		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RÁTE	ADDI- TIONAL FEE
ME	Total profit (.Next)	*	eurille	M	*		x\$		OR	xs	
ENDM	Independent (DF CFR 1.14(p))	•	Minus	-	•		X \$ 2		OR	x \$ =	
₹	FIRST PRESENTATION OF MILITURE DEPENDENT CLAIM (57 CFR 1.188/J)						+1 0		OR	+ sa	
						. (	TOTAL ADOL FEE		OR	TOTAL ADD'L FEE	
If the entry in cotumn 1 is less than the entry in column 2, write "0" in column 1.  If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".  If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "20".  The "Highest Number Previously Paid For" (Total or independent) is the highest number lound in the appropriate box in column 1.											

This collection of information is required by 37 CFR 1.16. The information is sequently to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentially is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete including gathering, propering, and estimating the completed application form to the USPTO. Then was very deparating upon the including case. Any comments on the ensured of time you require to complete this form endor suggestions for motivating this turnion, should be sent to the Child information Officer, U.S. Peters and Tradement Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: Commissioner for Patants, P.O. Box 1450, Alexandria, VA 22313-1450.